

## EPIC Winter Camp 2017 Camper Registration & Release

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City, St & Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F

Parent Name(s) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Health Problems, Allergies: \_\_\_\_\_

Medications & Instruction: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

**EPIC**  
**WINTER**  
**CAMP**

### Medical/Media Consent

I hereby give permission for my child, \_\_\_\_\_, to participate in the 2017 EPIC Winter Camp activities and consent and agree to hold harmless New Life Church and The Academies, its agents, employees, or volunteer assistants from claims that I (as a parent) might have arising out of my child's participation in this program. I understand the meaning "hold harmless" to my child, and my signature below indicates my agreement to do the same.

If it should become necessary for my child to receive medical treatment for any reason, I understand that New Life Church's medical insurance policy acts in a primary position ONLY when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance for New Life Church.

I also accept full responsibility for the cost of medical treatment for any injury not covered by insurance. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for each treatment.

Moreover, I understand that temporary, emergency measures may be necessary to safeguard my child's health and do hereby authorize and request New Life Church personnel to administer or supervise until such time as my child can be safely transported to a doctor or hospital.

Photography and videotaping will take place at this event as part of the event records and for future event promotions. By signing I give consent for New Life Church and The Academies to use any photos or video that includes me for its publications, promotions and records.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date